

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

13008730

FILING
DATE 05/01/2018CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-2018-006018

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) SOPHIA HAYNES CLARK				2. GENDER FEMALE		3a. HOUR OF DEATH 16:35		3b. DATE OF DEATH (Month, Day, Year) 04/28/2018		
4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) _____ <input type="checkbox"/> Other (Specify) _____										
5a. AGE AT LAST BIRTHDAY 69			ONLY IF UNDER 1 YEAR 5b. MONTHS 5c. DAYS			ONLY IF UNDER 1 DAY 5d. HOURS 5e. MINS			6. DATE OF BIRTH (Month, Day, Year) 1948	
7. BIRTH PLACE (State or Foreign Country) MISSISSIPPI										
8. PLACE OF DEATH (Check only one box) <input checked="" type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____										
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) VICKSBURG				9b. CITY, TOWN OR LOCATION OF DEATH VICKSBURG		9c. ZIP CODE 39180		9d. COUNTY OF DEATH WARREN		
10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown										
11. MARITAL STATUS AT TIME OF DEATH: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown					12. SURVIVING SPOUSE (give legal name prior to first marriage) SAM CLARK					
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO										
14. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino, (Specify) _____										
15. SOCIAL SECURITY NUMBER 4288			16a. USUAL OCCUPATION (Kind of work done most of working life) CONTRACT SPECIALIST			16b. KIND OF BUSINESS OR INDUSTRY US CORP OF ENGINEERS				
17a. RESIDENCE - STATE MISSISSIPPI		17b. COUNTY WARREN		17c. CITY OR TOWN VICKSBURG		17d. ZIP CODE 39180		17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number) VICKSBURG, MS 39180		
17f. INSIDE CITY LIMITS (Yes or No) YES										
18. FATHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) MARSHALL HAYNES					19. MOTHER'S OR PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) JESSIE ALLEN					
20a. INFORMANT - NAME (Type or print) SAM CLARK			20b. RELATIONSHIP TO DECEDENT HUSBAND			20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) VICKSBURG, MS 39180				
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) BURIAL			21b. CEMETERY/CREMATORY - NAME CEDAR HILL CEMETERY			21c. LOCATION (City and State) VICKSBURG, MS		22a. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER ELECTRONICALLY SIGNED BY EMMA P. ADAMS FD-1783		
22b. FUNERAL HOME (Who first assumed custody of body) LAKEVIEW MEMORIAL FUNERAL HOME (75L)			22c. FUNERAL HOME LICENSE NUMBER FE 500			22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) VICKSBURG, MS 39180				
22e. FUNERAL HOME (If body was transferred prior to disposition)			22f. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)							
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) TIFFANIE TURNER RN					23b. PRONOUNCED DEAD (Month, Day, Year) ON 04/28/2018					
23c. PRONOUNCED DEAD (Time) AT 17:10					24. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) P.O. BOX 820061, VICKSBURG, MS 39182					
25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: _____ MD/DO 25b. DATE SIGNED (Month, Day, Year) 25c. STATE LICENSE NUMBER 25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)										
25e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. ELECTRONICALLY SIGNED BY DOUG HUSKEY, CMEI 25f. TITLE WARREN COUNTY CORONER 25g. DATE SIGNED (Month, Day, Year) 04/28/2018										
26. CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS. IMMEDIATE CAUSE (final disease or condition resulting in death) (a) MALIGNANT NEOPLASM OF ENDOMETRIUM (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.										
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.					28a. AUTOPSY (Yes or No) NO					
28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No) NO					29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES					
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> Unknown if pregnant within the past year					
32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 32b. DATE OF INJURY (Month, Day, Year) 32c. TIME OF INJURY			32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED							
32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____										
32f. INJURY AT WORK (Yes or No)			32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)			32h. LOCATION Street or route number City or town State				

Mississippi State Department of Health

Revised 07/01/2017

Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

5/8/2018

Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

